



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL AND TRAUMA PREVENTION
PO Box 47853 • Olympia, Washington 98504-7853

TO: Applicants for Initial EMS Licensure

FROM: Licensing and Certification Section

SUBJECT: Service/Vehicle Licensure Application

Attached is the application you requested to license your service and vehicles. This process does not include trauma verification (a higher level of licensure), which if desired, will require additional forms.

Please set aside a few minutes to provide a complete and accurate application. To assist in the proper licensing of your agency, please combine the information for **all** stations, vehicles, and personnel associated with your department, district or service (within your county). Please list the actual **physical** location of each vehicle on Page 2 of the application. Please use the proper legal title for your agency.

Listed below are the steps necessary to complete the application process. The attachments referred to are available on our website at <http://www.doh.wa.gov/hsqa/emtp/>. Please click on "Licensure Processes." If you are unable to access the information via the Internet, please contact our office.

1. Review Washington Administrative Code (WAC) 246-976-260 through 340 to assure your service meets the requirements of licensure.
2. Review the Patient Care Procedure excerpts of the Regional Plan to assure your service will operate consistent with the Regional Plan.

If your service is seeking licensure in more than one region, an application will need to be completed for each region. When you have completed the application(s), please mail it, along with proof of current liability insurance for your service and all vehicles, to the address on the bottom of page 4.

If you have any questions, please contact the Licensing and Certification office at (360) 236-2845.

Attachment